SENATOR BENNET VETERAN SUICIDE PANEL RECOMMENDATIONS

Spring/Summer 2013

The Challenge We Face:

In February 2013, the Department of Veterans Affairs released a report documenting that 22 United States Veterans commit suicide every day. Over the last five years, 937 Colorado Veterans have contributed to these numbers, including:

- A Veteran on leave returned home from combat after serving her fourth tour in Iraq. Her family reported they could tell that the last tour changed her, but thought her sadness and withdrawal were just her way of processing all that she experienced in combat. Her husband was deployed during her leave and her son was with his father in another state. Two weeks into her leave she took her own life. Her family believes they could have saved her if they had been with her throughout her leave.

- A service member transitioned from active duty to Army National Guard. The night of his reception drill he was taken to the hospital because of a prescription drug overdose. At the time, he was employed with the Department of Veterans Affairs and was being processed for a medical discharge by the Medical Evaluation Board. He later died of a prescription drug overdose. A family member later disclosed that the drug usage started on deployment to assist sleep impairment.

- A service member returned after deployment and found he was easily angered by crowds, noises and stress. In reaction, he decided to isolate himself in his home. However, his anger and short temper continued at home. His wife was worried for her safety and the safety of her children, and the family moved out of the house. The service member started drinking in excess and, after nights of drinking and no sleep, he decided to end his life.

Clearly, we can do better for our Veterans and their families.

Earlier this spring, Senator Bennet's Veterans Working Group helped to convene this panel to develop concrete recommendations for how to prevent Veteran suicides. Many of our meetings and individual conversations ended with the frustrating and inevitable conclusion that the behavioral health needs and challenges facing our Veterans and our communities are complex. One solution does not fit all, every Veteran is different, every family is different, every set of experiences creates its own challenges and individual and family needs evolve over time.

Preventing Veteran suicide is further complicated by the continued prevalence of a cultural and often self-imposed stigma that seeking help for mental, emotional and relational wounds is a sign of weakness, especially among those in the military. Addressing the challenge also is made more difficult given that our country continues to struggle with meeting the mental health needs of those people in the general population who have not been through combat

Despite these challenges, we owe it to this generation of Veterans, the generations of Veterans that came before and those who will come after, to keep trying different possibilities and new approaches until we can confidently assert that we are doing the best we can for our country's Veterans and their families.

With both the importance of this conversation and the complexities in mind, our recommendations include the following:

- Improve our systems so that we can continuously and accurately identify service members with mental health challenges while still in military service, upon discharge from the military and in the years afterward;

- Connect community-based, governmental and other resources for Veterans and their families to each other;

- Better inform Veterans and their families about where to go to seek professional help and about where to connect with other Veterans;

- Identify and eliminate gaps in the availability of mental health and substance abuse care for Veterans and their families;

- Provide adequate support and information to the families, community, and peer support who comprise the support system for Veterans in transition; and

- Make sure all service members have access to timely and effective behavioral health treatment and community and peer support so that they get help when they need it.

We do not pretend that this list of recommendations summarizes an absolute remedy to this tragic problem. In fact, we do not all necessarily agree with every word written in this document. For example, we continue to have strong and contradictory opinions on whether changes need to be made for those service members discharged other than honorably from the armed services. That said, we all agree that this conversation is important and that this list of recommendations can serve as the basis for real progress towards addressing the problem.

We also would like to point out the good and innovative work that is going on throughout the country to address this issue, including the completion of the U.S. Surgeon General's National Strategy on Suicide Prevention and the ground breaking research on crisis management at the Department of Veterans Affairs.

Our work does not stop here and we will continue to work with Senator Bennet and others across the state to do better for Veterans and their families.

Sincerely,
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Don Kissinger, *Military Officers Association of America*
Melanie Kline, *President and Founder, Welcome Home Montrose*
Leo Martinez, *Lead Veteran Peer Mentor, Veterans Trauma Court*
Dennis McCormack, *Board of Directors, The Home Front Cares*
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Mike Murphy, *Military Officers Association of America*
Sharon Raggio, *Colorado West Area Mental Health*
Emily Smith, *Executive Director, Welcome Home Montrose*
Jim Stanko, *Chair, State Board of Veterans*
Lt. Col. Joel Tanaka, *Chief, Department of Primary Care, Fort Carson*
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Recommendations

(1) Establish More Community Networks

One of the best ways to make sure Veterans are connected to the people who can help them is to make sure the organizations that serve Veterans are connected to each other. Efforts like the Peak Military Care Network in Colorado Springs connect organizations that serve Veterans within a community—so that no matter what door a Veteran walks in or who a Veteran calls first, he or she can make a connection to the full spectrum of community services available. Better coordination is better for Veterans. This kind of coordination is also strategic for communities because it facilitates a more efficient use of limited resources and the easier identification of gaps in overall community services.

Every community is different—boasting different assets for Veterans and different challenges in serving Veterans. For that reason, building more community networks is not as simple as providing or mandating a universally applicable template. The desire and plan for collaboration must come from the ground-up and must be community specific.

We believe Senator Bennet's office could play a critical role in convening the right stakeholders in communities around the state to start the conversation about whether the development of a collaborative community network for Veterans is possible.

Recommendation: Senator Bennet's office should initiate regional stakeholder discussions to gauge whether there is interest in building a community network of Veteran services in those areas and to help develop an initial business plan for how communities move forward to build their own network of care. Ultimately, we could then work together to foster regional collaboration between the different community networks.

(2) Community Best Practices Tool-Kit

The first and easiest call for a Veteran facing mental health challenges is usually not to a mental health professional, but to another Veteran. Veterans are the only ones who really understand the experience of combat and the challenges associated with living with the combat experience when returning home. Veterans report that it is much easier to start a conversation with a fellow Veteran than it is to proactively seek or accept professional behavioral health services. Programs like the Peer Navigator Program through AspenPointe in Colorado Springs, Veterans Suicide Support Groups through Jeffrey and Kevin Graham Support Services, and the weekly group meetings hosted at Welcome Home Montrose in Montrose are real-life examples of the positive impact the Veteran-to-Veteran connection can make.

The challenge is that Veterans—especially in rural areas— often do not know where to find other Veterans. Veterans Service Organizations (VSOs) and other community groups around the country are currently working to initiate more Veteran-to-Veteran contact but their success

depends largely on the connections and experience of those running the operations and the regional offices.

Information about best practices like the establishment of a regular Veterans' discussion group or regular outreach to let new Veterans in the area know about the resources available, could be implemented in communities around the country.

Recommendation**:** We recommend Senator Bennet's office create a Community Best Practices Tool-Kit in partnership with national Veteran Service Organizations that will serve as a guide for VSO's and other community organizations around the country for how to facilitate more Veteran-to-Veteran contact.

(3) Expand Collaborative Educational Opportunities

Expanding the mutual education and coordination between civilian health care professionals, the military and VA will help improve the quality and accessibility of mental health care for Veterans. Health care providers at Fort Carson, for example, regularly meet with community providers in the local area to discuss different types of cases and learn from each other. The coordination has enabled both military and non-military providers to deliver a higher quality of care to service members and Veterans throughout the service area.

A similar type of mutual education and coordination could be established between DOD, VA and community providers throughout the state. Both the DOD and VA are doing cutting edge research into the identification and treatment of mental illness and suicide prevention. Both military and civilian primary care providers around the state are treating service members and Veterans regularly and have on-the-ground experience to add to the discussion. The conversation could also include discussions about military culture and the challenges of the National Guard and Active Reserve. Creating an opportunity for a continuous conversation between these stakeholders will result in improved mental health care for Veterans overall.

Recommendation: In order to create an opportunity for a continued conversation, we recommend Senator Bennet's office convene a discussion between DOD, VA and community health care providers around the state on how to create more opportunities for collaboration and mutual education around Veterans behavioral health.

(4) Expanded Training for Military Families

Military families and spouses are often the first to encounter risky behavior. They are also sometimes the only people who can convince a Veteran to seek treatment. Families need to know how to identify warning signs and be made aware of the resources available.

Military families should have access to training to help them identify risk factors when their family member is discharged from active duty. We believe families should be offered training

upon discharge and in the months after their family member has had time to adjust to life back home.

Schools are also a good way to reach children living with a Veteran who needs help. In fact, Fort Carson in Colorado Springs and Welcome Home Montrose in Montrose have both made efforts to get the right individuals or information into schools to talk to children from military families. School districts around the country should have access to experts and age appropriate materials so that they can teach their students how to identify warning signs and who to go to if they are worried about a parent or family member. The training will also facilitate the start of a discussion between kids from military families and their teachers and school administrators.

Recommendation: We have two recommendations to help provide military families with tools they can use to help their Veteran avoid crisis. First, we recommend the military offer training to families on identifying mental trauma when service members are discharged. We also recommend that those trainings remain open to all family members regardless of the time of the service member's discharge, so that family members can attend trainings in the months after discharge.

Second, we recommend Senator Bennet convene a conversation between school districts with high populations of students from military families and the appropriate representatives from community organizations or the military to discuss the type of training and materials that would be useful and appropriate for teachers and administrators.

(5) Partnering with Community Providers to Fill in the Gaps

We believe that increased coordination and more open communication between VA and community providers will make a significant difference in bringing down Veteran suicide rates, especially during times when the VA is unable to help.

In addition, for Veterans with mental health conditions in rural areas, an unwillingness to travel the distance necessary to see a mental health professional at a VA facility can be the difference between a Veteran getting help and a Veteran continuing to suffer alone. If possible, Veterans in rural areas should have easy and immediate access to community mental health providers so that getting help is convenient and immediate.

Recommendation: We recommend that VA further expand its partnerships and collaboration with community based providers, and we would like Senator Bennet's office to help convene meetings around the state between VA and community providers to discuss what expanded collaboration could look like.

(6) Systematic Changes to Create a Seamless Transition

The transition from active duty to civilian life can cause immense stress for Veterans and their families and ensuring Veterans have access to the treatment they need during the transition is essential to reducing the number of Veteran suicides. Through the implementation of the Integrated Disability Evaluation System (IDES), the Departments of Defense and Veteran Affairs have streamlined the process for service members identified with behavioral health issues during active duty. However, for those service members who do not show signs of a mental health challenges until after they leave the service, the period between leaving the service and getting accepted into the VA system can be a dangerous and lonely time.

We believe that allowing all active duty personnel to enroll in the VA before they leave active duty service could shorten or eliminate the gap in service member access to mental health care services during transition.

Recommendation: We recommend Senator Bennet's office start a conversation with the VA about what changes would be necessary to facilitate service member enrollment allowing service as early as six months before they are discharged from active duty service.

(7) Combine Military and Veteran Medical Records into One System

Currently, VA and DOD have two separate medical records systems that do not integrate data. Part of the reason there is a gap in health care coverage between leaving active duty and enrolling in the VA is because it takes time to transfer service member medical records from one system to the other. We believe that combining the two systems into one would help to create a better transition from active duty to Veteran. We also believe that combining the system could save considerable expense by eliminating duplication and eliminating the time and labor necessary to transfer medical information from one system to the other.

The combination would also help the National Guard and Active Reserve. A significant number of Veterans decide to serve in the National Guard and Active Duty Reserves rather than completely transition out of the military. We have seen circumstances where Veterans with unresolved health and behavioral issues are discharged with favorable reenlistment codes enabling them to join the National Guard and Reserves. No adequate mechanism exists for the military and National Guard to share health care information so there is no way for the National Guard to know about a service member's preexisting mental health issues or to know that they are not suited for deployment because of a preexisting mental health injury or trauma.

Recommendation: We know that the DOD and VA have made unsuccessful attempts thus far to combine the systems. However, we continue to believe that it is possible to combine the systems in a cost effective way that will dramatically improve care for Veterans and reduce inefficiency. We encourage Senator Bennet to push the DOD and VA to effectively and efficiently complete this effort.

(8) Provide TRICARE Coverage for Community Providers Implementing the Same Treatments the VA is using

Service members cannot always use TRICARE to cover services equivalent to the VA treatments. For example, as mental health professionals we recognize that individuals who have a high risk of suicide tend to isolate themselves and – in cases where they have received inpatient care—struggle with the transition home. In response, VA has innovatively initiated the use of home visits and "wrap-around" care where a VA mental health professional can initiate or continue counseling in a patient's home. However, because of the billing codes and other structural issues, TRICARE does not cover equivalent care offered by community mental health care providers.

Veterans and service members would be better served if the TRICARE system was consistently updated so that community providers could efficiently earn reimbursement for the same innovative treatments being offered through VA.

Recommendation: We recommend evaluating TRICARE and making the changes necessary so that the service members and Veterans can use TRICARE to purchase the best treatment available for their condition.

(9) Providing Resources to the National Guard and Active Duty Reserves

Even though they comprise a significant portion of our military, many members of the National Guard cannot secure coverage through TRICARE. For those members of the Guard who are otherwise unemployed or who cannot afford health care coverage, this can create a situation where they do not have access to health care while they are actively serving their country.

Recommendation: We recommend evaluating an expansion of TRICARE coverage to include the National Guard and Active Reserve.

(10) Better Screening for Suicide Risk

As a country, we are struggling to indentify and meet the needs of mental health patients across the country. Undoubtedly, combat can cause trauma in service members who are otherwise healthy before they enter the military. However, one or multiple combat tours can be especially hard for those service members who enter into service with preexisting mental health or behavioral health issues that are often times even unknown to the service member or family.

We have experienced cases where there were signs that military service could drive an individual to a serious mental health issue before that person even enters the military. Unfortunately, we do not have an adequate system to screen for mental health issues that should make an individual ineligible for military service. We believe that Veteran suicides could be reduced with better screening before people are recruited into service.

We also believe that we need better screening tools for determining an individual's suicide risk during the transition out of the military and throughout the service member's life as a Veteran. Everyone leaving active duty must go through a mental health evaluation. However, we have heard from many Veterans who say their answers to questions pertaining to mental health were based more on their desire to get home as soon as possible than based on an honest self evaluation of their mental state. In addition, studies have shown that an individual's risk of suicide changes over time. A service member who is healthy when leaving the military may develop a higher risk later in life.

Recommendation: We recommend the development of a better screening system for suicide risk that can be used during recruitment to the military, during transition from the military and by VA and non-military medical providers as they treat Veterans throughout their lives.

(11) We Should Learn More About the Symptoms, Diagnosis and Treatment of PTS, TBI and Other Mental Health Injuries from Combat

We have come a long way when it comes to understanding the injuries to mental health that can result from combat, but we still have much more to learn. We believe more work needs to be done to truly understand how to accurately identify these injuries, to determine how they manifest themselves in a Veteran's daily life and to know how they affect the families of the service members coping with them. We also must continue to explore and test new and innovative treatments— so that we never stop improving our capacity to help service members on their path towards recovery.

We understand that we are living in a world where cuts to the federal budget are the norm. However, we have an absolute obligation to help our country's Veterans heal their wounds when they come home from battle and we must continue to provide the resources necessary to fulfill that obligation.

Recommendation: We recommend that Senator Bennet continue to work to make sure our country is dedicating the resources we need to fully understand PTS, TBI and the other mental health injuries from combat.